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TRANSMITTAL
FORM

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		Application Number	Not available (Ranger/Hybrid Automatic Self-Metering Nozzle, with Ratio-Selectable & Flow Meter Features)
		Filing Date	Oct 3, 2003
		First Named Inventor	Crabtree, Dennis W.
		Art Unit	not available
		Examiner Name	not available
Total Number of Pages in This Submission	18	Attorney Docket Number	50049

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Formal Drawing(s) (18 pages)	<input type="checkbox"/> After Allowance communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Return postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	It is believed that no fees are due. Notwithstanding, the Commissioner is authorized to charge any fees incurred to Deposit Account No.50-1753 (50049).	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

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PATENT TRADEMARK OFFICE

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Sue Z. Shaper		
Signature			
Date	December 4, 2003		

CERTIFICATE OF TRANSMISSION/MAILING

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